DOCUMENT RESUME

ED 130 779 PS 008 910

AUTHOR Rosser, Pearl L.
TITLE Mental Health of Black Children.
PUB DATE 7 Sep 76
NOTE 9p.; Paper presented at the Annual Meeting of the American Psychological Association (84th, Washington, D. C., September 7, 1976)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Black Community; Discriminatory Attitudes (Social); Family Characteristics; Family Role; *Intelligence Tests; Intervention; *Mental Health; Minority Group Children; Negro Education; Negro Role; Negro Stereotypes; *Negro Youth; Racial Discrimination; *Racism; *Research Needs; Socioeconomic Influences; Teacher Role; Test Bias

ABSTRACT

This paper argues that the mental health needs of Black children and families have never been properly assessed. Central to Black mental health has been the notion of cultural normality and deviance and the related questions of adjustment and maladjustment. Research is needed in three areas: (1) the Black family, (2) schools, (3) tests and measurements. There has been little research on the life histories or social factors of Black children and families who succeed despite racism and poverty. Coping strategies for child rearing need investigation in order to factor out those that do and those that do not lead to the development of healthy children. School is the next most important socializing force impacting on the Black child. However, a preponderance of educational philosophy is based on the Anglo-Saxon ideal instead of on the Black child's needs. Future research needs to focus on what is wrong with this system for the Black child. Part of accepted educational philosphy is a belief in tests and measurements. Intelligence testing, especially, has had devastating effect on Black children. An IQ test alone will not differentiate between pathology and cultural difference. Clearly, a new direction in the study of Black mental health is needed--it must involve Blacks at all levels of research. (MS/Author)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED130779

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

MENTAL HEALTH OF BLACK CHILDREN

Pearl L. Rosser, M.D.

The mental health needs of Black children and Black families have never been adequately assessed, and conclusions from studies available more often than not have been distorted by bias and racism. The central issue about the mental health of Black children and their families has usually concerned the notion of cultural normality and deviance and the related questions of adjustment and maladjustment.

Recently Black sociologists and behaviorists have taken the Black child and Black family constellation out of the realm of dysfunctionalism and placed them into models of strength, coping capacity, and survival capabilities. The toll taken by poverty and racism on the functioning mental health of Black children, families, and communities cannot, however, be denied.

The mental health needs of children must be viewed in the context of families, for children do not exist in a vacuum. Certainly we cannot separate the needs of the Black child from those of the Black family, or the latter from the Black community to which it relates and the larger non-Black society which impacts at all levels.

The majority of past studies on the mental health of Black children have focused on the vulnerable child and children at risk. Relatively little research has studied the life histories or social and situation factors of

---

Presented at the 1976 American Psychological Association Convention September 7, 1976. Symposium "Black Child Development: Issues and Priorities."

PS 008910

those Black children and families who continue to move along the paths of maturity, competence, adaptation, and goal achievement despite racism and poverty. Black families have developed a variety of coping strategies for rearing their children. These coping strategies need investigation in order to factor out those that do and those that do not foster the development of healthy children.

As Black people seek to define Black families from the perspective of the Black experience, we are able to identify many of those resources, characteristics, and strengths which have helped us to survive as a people. One of the most dominant characteristics of Black people is strong kinship bonds---the sense of relatedness, the quest to belong and to help and to understand and support each other. Contrary to popular opinion the majority of Black families are nuclear families, and thanks to our heritage, we are adaptable in our family roles. The extended family and various other patterns of family life are not foreign to us.

Black people have a strong work orientation, contrary to what you may have heard or read in the newspaper. We have high achievement orientation, higher than most other ethnic groups in this country; a desire to get ahead, to learn, to conquer and to be competent. Frustration in attempts to fulfill this desire may well be a significant contributing factor to the high incidence of drug addiction and incarceration of Black males between the ages of 16 and 25.

We are deeply religious people with a strong religious heritage that has

enabled us to survive as a people in situations where most authorities thought, and probably hoped, we would perish. We have a strong sense of community and are much more likely than others to reach out and embrace other people --- relatives, friends, and enemies alike; and we tend to be motivated more by a spirit of cooperation than by competitiveness.

The numerous incorrect interpretations and erroneous conclusions made to date concerning the Black child and family have resulted from invalid fundamental conceptualizations about behavior, particularly Black behavior, from victim-centered and deviancy perspectives. Consequently, interpretations have depicted Blacks as underdeveloped versions of Anglo-Saxon Americans (implying a need for change) instead of as fully-developed Africans (implying only a difference).

Schools and the Mental Health of Black Children

Second only to the family in its importance as a socializing force impacting on the Black child is the school. Next to parents, teachers play the most important role in the child's formation of a positive identity, which is fundamental to mental health. Unfortunately, for the most part, practices and dogma in this particular institution are not based on the needs of the Black child.

No attempts at reaching and teaching Black children can hope to be successful unless the attitude of the teaching staff and the administration is both optimistic and enlightened and unless new approaches are not only

accepted but welcomed. Teachers and administrators need to understand what values they are communicating to children through their behavior, the curriculum, activities and materials they use. Unfortunately, too many teachers and administrators continue to believe and perpetuate the myth that Black students are inferior to Whites and are unable to learn. Consequently, Black children are subjected to such intervention strategies as "cognitive stimulation", "language development", behavior modifications", etc., all based upon the assumption that they have no unique cognitive style, no language that is expressive and communicative, and behavior that is obnoxious.

It is important for educators of Black children and youth to understand the evolution of our present educational system and the philosophy behind its establishment and subsequent development both nationally and locally. Secondly, it is important for educators of Black children to realize that unlike the nineteenth and early twentieth century during our industrializing economy, our present automated, cybernetic economy has little need for the talents the uneducated have to offer --- strong backs and clever hands. Rather, we have an increasing need for trained minds, educated judgements, and conceptual skills.

Underlying many of today's efforts to rationalize the relatively low academic achievements of some Black children is the assumption, implied as well as stated, that the manners, customs and characteristics existing

in the child's home and environment (i.e., his family and his culture,) are inferior and need to be replaced and supplanted, in so far as can be done, with the Anglo-Saxon cultural ideal. Likewise, a preponderance of educational dogma is based on the Anglo-Saxon ideal, with learning styles and modes eminating from this ideal. If a child possesses different modes he is then viewed from the deficit/deviant model as "culturally disadvantaged", in need of "compensatory education" or more brutally "mentally retarded.

Future research instead of focusing on "what's wrong with Johnny" should focus on such areas as: a) separation, segregation and integration; b) teacher education and confusions about racism and oppression; c) the undeclared majority value system and its effect on the education of Black children; and d) institutionalized racism in the field of education.

Tests and Filters

A third institutionalized practice impacting heavily on the Black child --- and one that is intimately interwoven into our educational philosophy --- is that of tests and measurements. Intelligence testing, aptitude testing, and achievement testing are firmly entrenched and inculcated into the American way of life, both at an individual level and at an institutional level. Testing, thus, has become a big business in the U.S.A.

Of the three types, intelligence testing appears to have the most devastating effect on the child, for it is the IQ test score that is used to mislabel, and subsequently to justify, the educational mismanagement

of large numbers of Black children. Test misuse is one of the worst forms of child abuse. Doomed to an inferior education, based on testing, the Black and poor child steadily falls further and further behind his peers, loses motivation, and thus becomes trapped in the vicious cycle of educational failure, joblessness, and poverty. In this way then, test interpretation and utilization serve to re-inforce predetermined social roles.

It is no longer a question among inner-city residents as to whether psychological services rendered are benefiting them or their children. Few Blacks (professionals or lay persons) accept standard IQ and other assessment instruments as accurately diagnosing the abilities and/or disabilities of inner-city Black children. Counselors and counselees alike are experiencing poor results from traditional therapeutic intervention techniques. The old myths concerning intelligence and psychological pathology attributed to the ghetto population are finally under attack. Relevance is no longer only verbally recognized, but insisted upon by the recipients of mental health and other health services in inner-city and low-income areas. A new awareness has precipitated questioning, and often outright refusal of services provided by psychologists. Stereotypic interpretations about poor, minority (usually Black) lifestyles are rejected, and psychologists are being relegated to the ranks of meddlers.

This bicentennial year must be a starting point in examining personal and test biases. It is fashionable to give verbal recognition to the limitations inherent in using present day standardized intelligence test

instruments to assess the intelligence of Black children and children from lower socioeconomic groups. But, how many of you actually put this verbalized belief into everyday practice?

Certainly mental retardation, learning problems, and emotional disorders occur in Black children just as in other races of children. However, before jumping to such diagnostic conclusions, extreme care should be taken to distinquish between what is true pathology and what is cultural difference. An IQ test alone will not make this differentiation. A child who has not had benefit of an interdisciplinary medical and behavioral assessment has not had an adequate assessment of the etiology of the problem, and easily becomes prey to mislabeling and to the abusive practice of educational mismanagement.

Black parents and communities owe it to Black and poor children to limit the influence of unfair testing in their lives. They also have an obligation to see to it that schools --- be they segregated or integrated --- instill in the Black child a sense of competence, a knowledge of worth, a presence of dignity, a sense of mastery, a desire to acquire technical as well as professional skills, and a quest for achievement.

Conclusion

In concluding, it seems clear that there is need for a new focus and direction in the study of the mental health of Black people, and this includes Black children. The most meaningful recommendations related to research needed for the positive advancement of the mental health of Black people I

have heard, and to which I ascribe, were enumerated at a conference held by the Center for the Study of Minority Group Mental Health Programs, NIMH in the spring of 1972. These recommendations were:

1) That any program of research which presumes to deal with the positive advancement of the mental health of Black people must be interdisciplinary in character, and must include representatives of the non-professional Black community;
2) That research on the mental health of Blacks must be done by Blacks;
3) That good Black researchers must be supported; and
4) That research and development centers on mental health must be located in Black institutions.